



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3676 • Fax (775) 687-3893

RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

Uncompensated Care Cost Report (UCCR) v20151204.02
Instructions

The Uncompensated Care Cost Report (UCCR) v20151204.02 for SFY 2017 Disproportionate Share Hospital (DSH) supplemental payment program eligibility is available for download at:

<http://dhcfp.nv.gov/Resources/Rates/RatesSupplementalPyntDSHELIG/>

Uncomp Care Costs tab:

Enter hospital name in cell **B1**:

	A	B	C	D	E
1	Hospital:				
2					
3	State of Nevada				
4	Department of Health and Human Services				
5	Division of Health Care Financing and Policy				For SFY 2017 DSH calculations
6	Total Uncompensated Care Cost Report v20151204.02				Period: 7/1/2014 to 6/30/2015
7					
8	Line #		Cost of Care		
9	1		Total Inpatient Nevada FFS Medicaid Cost of Care	\$	- USE CRS R
10	2		Total Outpatient Nevada FFS Medicaid Cost of Care	\$	- USE CRS R
11	3		Total Inpatient Nevada Managed Care Medicaid Cost of Care	\$	- USE MCO R
12	4		Total Outpatient Nevada Managed Care Medicaid Cost of Care	\$	- USE MCO R

This will carry the name forward into the other tabs in the workbook.

Line 14: Enter total amount of actual payment received on *Inpatient (IP) Nevada Fee-For-Service (FFS)* Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 15: Enter total amount of actual payment received on *Outpatient (OP) Nevada FFS* Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 16: Enter total amount of actual payment received on *IP Nevada Managed Care* Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 17: Enter total amount of actual payment received on *OP Nevada Managed Care* Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 18: Enter total amount of actual payment received for *Nevada Medicaid supplemental payments* based on claims with service dates of 7/1/2014 to 6/30/2015.

Line 19: Enter total amount of actual payment received on *IP Out of State* Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 20: Enter total amount of actual payment received on *OP Out of State* Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 21: Enter total amount of actual payment received for *Medicaid supplemental payments from other states* based on claims with service dates of 7/1/2014 to 6/30/2015.

Line 22: Enter total amount of actual payment received on *IP Dual Eligible* Medicare/Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 23: Enter total amount of actual payment received on *OP Dual Eligible* Medicare/Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 25: Enter total amount of actual applicable *Section 1011 payments* received between 7/1/2014 to 6/30/2015 (cash basis).

Line 26: Enter total amount of actual payment received between 7/1/2014 to 6/30/2015 for *Uninsured IP* services (cash basis).

Line 27: Enter total amount of actual payment received between 7/1/2014 to 6/30/2015 for *Uninsured OP* services (cash basis).

Line 28: Enter total amount of actual *Non-Indigent Cash Subsidies* received on Uninsured patients between 7/1/2014 to 6/30/2015 (cash basis).

Line 29: Enter total amount of actual *Medicaid DSH payments received from other states* between 7/1/2014 to 6/30/2015 (cash basis).

Line 35: Enter the hospital's *Net Patient Revenue* from *Worksheet G-3 Line 3* for the period of 7/1/2014 to 6/30/2015. If multiple Cost Report periods are required to cover the 7/1/2014 to 6/30/2015 date range, prorate the reported *Net Patient Revenue* (based on applicable days) from each Cost Report period to arrive at a total *Net Patient Revenue* applicable to only 7/1/2014 to 6/30/2015. Do not include off-site clinics, nor subproviders with their own Provider IDs.

Note:

For lines 14, 15, 16, 17, 22 and 23: *If sources other than DHCFP-provided CRS/MCO reports are used to arrive at the reported numbers, backup to support the reported totals must accompany the UCCR submission.*

For lines 19, 20, 21, 25, 26, 27, 28 and 29: *Backup to support the reported totals must accompany the UCCR submission.*

FFS tab:

Enter the start date for the first applicable Cost Report period in cell E3:

Cost Report Period #1	
Start Date	
End Date	
Applicable Days	-

Note:

*If the Cost Report period is 7/1/2014 through 6/30/2015, only one Cost Report period is required to complete the UCCR. Please **do not delete columns G through I**, even if they remain unused.*

Hospital:		<div> <div>Cost Report Period #1</div> <div>Start Date 7/1/2014</div> <div>End Date 6/30/2015</div> <div>Applicable Days 365</div> </div>		DO NOT DELETE THESE COLUMNS	
Medicaid FFS Costs for Uncompensated Care Costs					
FYE 6/30/15, for SFY 2017 DSH Calculation					
Nevada Inpatient FFS or Outpatient FFS					
Routine IP Costs		w/s D-1 Pt II, Title XIX			
		Medicaid Days	Average Per Diem	FFS Costs	
38	Adjusted General IP Routine Service Cost			-	
42	Nursery			-	
43	ICU			-	
44	CCU			-	
45	Burn ICU			-	
46	Surgical ICU			-	
47	Other Special Care			-	
Total Routine IP Cost :				-	
Ancillary IP Costs		w/s D-3, Title XIX			
		IP Charges	Ratio Cost to Charges	IP Cost	
50	Operating Room			-	
51	Recovery Room			-	
52	Labor Room and Delivery Room			-	
53	Anesthesiology			-	
54	Radiology-Diagnostic			-	
55	Radiology-Therapeutic			-	

*If the Cost Report period is anything other than 7/1/2014 through 6/30/2015, the worksheet will open up columns G through I of the **FFS, Managed Care, Out of State, Dual Eligible, and Uninsured** tabs, as two periods will be necessary to cover the 7/1/2014 to 6/30/2015 date range required for the UCCR. Verify the calculated Cost Report Period end dates are correct before proceeding. The workbook will automatically prorate the calculated costs for each period – **enter full year information for each period.***

Hospital:		Cost Report Period #1			Cost Report Period #2		
Medicaid FFS Costs for Uncompensated Care Costs		Start Date 1/1/2014			Start Date 1/1/2015		
FYE 6/30/15, for SFY 2017 DSH Calculation		End Date 12/31/2014			End Date 12/31/2015		
Nevada Inpatient FFS or Outpatient FFS		Applicable Days 184			Applicable Days 181		
Routine IP Costs		w/s D-1 Pt II, Title XIX			w/s D-1 Pt II, Title XIX		
		Medicaid Days	Average Per Diem	FFS Costs	Medicaid Days	Average Per Diem	FFS Costs
38	Adjusted General IP Routine Service Cost			-			-
42	Nursery			-			-
43	ICU			-			-
44	CCU			-			-
45	Burn ICU			-			-
46	Surgical ICU			-			-
47	Other Special Care			-			-
Total Routine IP Cost :				-			-
Ancillary IP Costs		w/s D-3, Title XIX			w/s D-3, Title XIX		
		IP Charges	Ratio Cost to Charges	IP Cost	IP Charges	Ratio Cost to Charges	IP Cost
50	Operating Room			-			-
51	Recovery Room			-			-
52	Labor Room and Delivery Room			-			-
53	Anesthesiology			-			-
54	Radiology-Diagnostic			-			-
55	Radiology-Therapeutic			-			-

Routine IP Costs: For each category of Per Diem, enter the total *IP FFS* Medicaid days in *Column C* and the Average Per Diem from *Worksheet D-1 Part II, Title XIX* in *Column D* for each applicable Cost Report Period.

Ancillary IP Costs: For each category of Ancillary IP Cost, enter the total charges in *Column C* for *IP FFS* Medicaid claims and the Cost to Charge Ratio from *Worksheet D-3, Title XIX* in *Column D* for each applicable Cost Report Period.

Ancillary OP Costs: For each category of Ancillary OP Cost, enter the total charges in *Column C* for *OP FFS* Medicaid claims and the Cost to Charge Ratio from *Worksheet D-3, Title XIX* in *Column D* for each applicable Cost Report Period.

Note:

If Worksheet D-3, Title XIX is unavailable, use Worksheet C Part I, Title XIX.

For Fee-For-Service Routine IP, Ancillary IP and Ancillary OP Costs: *If sources other than DHCFP-provided CRS reports are used to arrive at the reported numbers, backup to support the reported totals must accompany the UCCR submission.*

Managed Care tab:

Routine IP Costs: For each category of Per Diem, enter the total *IP Managed Care* Medicaid days in *Column C* for each applicable Cost Report Period.

Ancillary IP Costs: For each category of Ancillary IP Cost, enter the total charges in *Column C* for *IP Managed Care* Medicaid claims for each applicable Cost Report Period.

Ancillary OP Costs: For each category of Ancillary OP Cost, enter the total charges in *Column C* for *OP Managed Care* Medicaid claims for each applicable Cost Report Period.

Note:

*The Average Per Diem rates and the Cost to Charge Ratios from the FFS tab will carry over into the **Managed Care** tab.*

For Managed Care Routine IP, Ancillary IP and Ancillary OP Costs: *If sources other than DHCFP-provided MCO reports are used to arrive at the reported numbers, backup to support the reported totals must accompany the UCCR submission.*

Out of State tab:

Routine IP Costs: For each category of Per Diem, enter the total *IP Out of State* Medicaid days in *Column C* for each applicable Cost Report Period.

Ancillary IP Costs: For each category of Ancillary IP Cost, enter the total charges in *Column C* for *IP Out of State* Medicaid claims for each applicable Cost Report Period.

Ancillary OP Costs: For each category of Ancillary OP Cost, enter the total charges in *Column C* for *OP Out of State* Medicaid claims for each applicable Cost Report Period.

Note:

*The Average Per Diem rates and the Cost to Charge Ratios from the FFS tab will carry over into the **Out of State** tab.*

For Out of State Routine IP, Ancillary IP and Ancillary OP Costs: Backup to support the reported totals must accompany the UCCR submission.

Dual Eligible tab:

Routine IP Costs: For each category of Per Diem, enter the total *IP Dual Eligible* Medicare/Medicaid days in *Column C* for each applicable Cost Report Period.

Ancillary IP Costs: For each category of Ancillary IP Cost, enter the total charges in *Column C* for *IP Dual Eligible* Medicare/Medicaid claims for each applicable Cost Report Period.

Ancillary OP Costs: For each category of Ancillary OP Cost, enter the total charges in *Column C* for *OP Dual Eligible* Medicare/Medicaid claims for each applicable Cost Report Period.

Note:

*The Average Per Diem rates and the Cost to Charge Ratios from the FFS tab will carry over into the **Dual Eligible** tab.*

For Dual Eligible Routine IP, Ancillary IP and Ancillary OP Costs: If sources other than DHCFP-provided CRS reports are used to arrive at the reported numbers, backup to support the reported totals must accompany the UCCR submission.

Uninsured tab:

Routine IP Costs: For each category of Per Diem, enter the total *IP Uninsured* days in *Column C* for each applicable Cost Report Period.

Ancillary IP Costs: For each category of Ancillary IP Cost, enter the total charges in *Column C* for *IP Uninsured* claims for each applicable Cost Report Period.

Ancillary OP Costs: For each category of Ancillary OP Cost, enter the total charges in *Column C* for *OP Uninsured* claims for each applicable Cost Report Period.

Note:

*The Average Per Diem rates and the Cost to Charge Ratios from the FFS tab will carry over into the **Uninsured** tab.*

For Uninsured Routine IP, Ancillary IP and Ancillary OP Costs: Backup to support the reported totals must accompany the UCCR submission.

UCCR Submission:

Prior to submitting a completed UCCR, verify all information entered. Also verify that the calculated costs from the **FFS, Managed Care, Out of State, Dual Eligible**, and **Uninsured** tabs carried over to the **Uncomp Care Costs** tab (Lines 1, 2, 3, 4, 5, 6, 7, 8, 10 and 11) and that the calculated *Uncompensated Care Cost Percentage* (Line 36) appears reasonable.

The following should be placed in a password-protected zip file for upload to the [DHCFP secure FTP](#):

1. The completed Excel version of the UCCR
2. A signed and scanned copy of the **Uncomp Care Costs** tab of the completed UCCR
3. All required backup to support the reported totals in the UCCR

After uploading the zip file, an email should be sent to steven.hughey@dhcfp.nv.gov and patricia.oflinn@dhcfp.nv.gov containing the password for the zip file and the name, email address and phone number of the hospital's primary contact should a DHCFP reviewer have any questions or need additional backup.

Note:

DHCFP Secure FTP: <https://mmft.nv.gov>

Additional information regarding the SFY 2017 Disproportionate Share Hospital supplemental payment program is available online at: <http://dhcfp.nv.gov/Resources/Rates/RatesSupplementalPymtDSHELIG/>
